

Attachment 1

Reported Early Syphilis Infections in Kansas Between 01-01-2002 and 12-31-2002

Summary

Kansas Department of Health and Environment
Bureau of Epidemiology and Disease Prevention

Reported Early Syphilis Infections in Kansas between 01-01-02 and 12-31-2002

Prevention and intervention of syphilis in Kansas is a major health concern. Many areas in Kansas report few or no syphilis cases but are at significant risk for syphilis because of one or more of the following characteristics: 1. History of high syphilis rates in the 1990s, 2. Port or border jurisdiction or are located along migration paths, 3. Located along drug trafficking corridors, 4. Include groups that are disproportionately affected by syphilis such as illicit drug users and people exchanging sex for money or drugs. Areas that include one or more of these characteristics are called, "Potential Re-emergence Areas" and the Centers for Disease Control recommends that states focus primarily on enhanced surveillance and rapid outbreak response in these areas. (The National Plan to Eliminate Syphilis from the United States, October 1999, Centers for Disease Control and Prevention). The STD Program seeks to utilize all possible resources in delivering rapid and comprehensive prevention and intervention strategies to control early syphilis cases (infections less than 12 months duration).

From 1991 to 2000 reported cases of early syphilis had been declining in Kansas but in 2001 there was a three fold increase of reported early syphilis cases when compared to 2000. There were 15 cases reported in 2000 and 44 cases reported in 2001. The increase of early syphilis was attributed to an outbreak in Topeka and one in Wichita. The Topeka outbreak accounted for 19 cases or 43 percent of all early syphilis in Kansas for 2001 and revolved around commercial sex workers and methamphetamine/cocaine usage. This outbreak persisted throughout the first half of 2002 before being controlled. There were eight cases in the first half of 2002 and only two cases in the second half, both in August. The Wichita outbreak, which consisted of 10 early syphilis cases, was linked to crack (cocaine) usage and sex for drugs/money. The outbreak in Wichita did not persist beyond the fall of 2001. *Reported Early Syphilis Infections in Kansas Between 01-01-2001 and 12-31-2001* documents the efforts of the Kansas STD Program to overcome these outbreaks.

Thirty-nine cases of early syphilis were reported from January 1, 2002 to December 31, 2002. In 2002 the focus of early syphilis control and prevention shifted to Wyandotte County (Kansas City area). In the last three months of 2002, Wyandotte County reported seven early cases of syphilis. Five of these cases are crack users and the other two are sexual partners of crack users. Johnson County which is adjacent to Wyandotte County reported four cases of early syphilis in December alone. Two of these Johnson County cases are methamphetamine/crack users and the other two cases are sexual partners with methamphetamine/crack users. This outbreak accounted for 28 percent (11 cases) of all the early syphilis cases in Kansas for the year.

African/Americans and Hispanics accounted for 19 cases and 6 cases of reported early syphilis cases respectively in 2002. Historically minorities in Kansas and nationwide have been disproportionately impacted by syphilis. This may reflect reporting bias or reflect differences in core syphilis prevalence and social environments. Whites accounted for 14 of the reported early syphilis cases.

The male to female ratio of the 39 cases in Kansas for 2002 was 1:0.8 (22/17). Two female cases named female sex partners but no male case named male sex partners. The median age of an individual infected with early syphilis was 34 years of age and the age range was 18 to 60 years of age.

There were no congenital syphilis cases reported in Kansas in 2002. There was one pregnant female treated for early syphilis in calendar year 2002. There were seven pregnant females treated for early syphilis in 2001. Two newborns met the CDC case definition for presumptive congenital syphilis in 2001, but neither had any signs or symptoms of disease.

Disease Intervention Specialists (DIS) again made a decisive impact on the course of early syphilis in Kansas during 2002. Fourteen (36 percent) of all the new early syphilis cases in Kansas for 2002 were discovered through DIS intervention activities. Thirty-seven individuals at risk for developing syphilis were preventatively treated. Preventative treatment is an aggressive treatment schedule recommended by CDC to minimize the spread of disease and is one of the steps recommended in the syphilis elimination program. Additionally, in 2002 DIS investigated 91 sexual contacts and 54 social contacts to the 39 early syphilis cases. It must be noted that of the 39 cases of early syphilis diagnosed in Kansas, nearly two-thirds (24) were symptomatic (infectious) syphilis cases. One goal of the program is -to maintain a high percentage of early symptomatic syphilis diagnoses compared to early latent (non-infectious) syphilis diagnoses. The high percentage of early symptomatic syphilis being found through screening and disease intervention indicate that Kansas is addressing the disease aggressively and finding disease earlier in its course thereby having a positive impact and preventing the spread of the disease in at risk populations. Continuing this effort should prevent large uncontrolled outbreaks of the kind that have occurred in other areas of the country.

Outbreaks in Topeka and Wichita were minimized by aggressive actions of local DIS with the assistance of DIS from other areas and STD Program management. The actions include intensive disease specific interviews for each case within a week of the report and follow-up interviews for each case within a week of the original interview. Each sexual partner and social contact from each case is thoroughly investigated within a week of initiation. Additionally, site visits to laboratories, medical centers, hospitals and correctional facilities in the outbreak areas are carried out by DIS to improve intervention and surveillance. The nature of these outbreaks are similar to what has occurred in other areas of the country in the last few years where syphilis rates have soared far above the national averages. However, the relatively quick recognition of the potential of the outbreaks in conjunction with aggressive and persistent disease intervention activities has diminished outbreaks in Kansas. These same aggressive prevention and control measures will be conducted during 2003 in the Kansas City.